

## The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Children and Families 600 Washington Street, 6th Floor Boston, MA 02111

Tel.: 617-748-2000 Fax: 617-261-7435 www.mass.gov/dcf

## **Tuition and Fee Waiver Request**

The Massachusetts Foster Child Tuition and Fee Waiver Program is available for youth, who meet the following criteria; came into care under a C&P, is aging or has aged out of care and was never returned home. The waiver is applied toward tuition charges for state supported undergraduate courses at Massachusetts Public Colleges and Universities. The waiver is valid until the age of twenty-five.

In order to make sure that the youth qualifies for the waiver, we ask that the following information be filled out. Once this information is returned to the Adolescent Services Unit at Central Office, with a copy of the **client's birth certificate**, we will verify eligibility and then process the waiver.

Name of Youth:		_ Date of Birth:	<del></del>
Social Security Numb	oer:	Case I.D. Number:	
How youth came into	care (C&P,Voluntary,e	tc.):	
Current CustodyState	us:		
Has the youth been re	eturned home at all?		
If yes, when?			
Social Worker/Area C	Office:		
To whom should the	Tuition Waiver be maile	ed:	
Name:			
Citv:			

Return this form along with a copy of client's birth certificate to:

Kathy Martin DCF Central Office Adolescent Services Unit 600 Washington Street Boston, MA 02111

